

## Summer Day Program Registration Form

**FAMILY LAST NAME** \_\_\_\_\_ (the last name used to identify you in our database)

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CONTACT #1** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email : \_\_\_\_\_ (emails are kept confidential)

**CONTACT #2** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email : \_\_\_\_\_ (emails are kept confidential)

**Emergency Contact Info. (Name and Phone Number):** \_\_\_\_\_

### **STUDENT INFO:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Disabilities: \_\_\_\_\_ Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

**Please Put a Check Next to the Weeks for Which You Are Registering:**

Week # 1 \_\_\_\_\_ Week # 2 \_\_\_\_\_ Week # 3 \_\_\_\_\_ Week # 4 \_\_\_\_\_ Week # 5 \_\_\_\_\_

Week # 6 \_\_\_\_\_ Week # 7 \_\_\_\_\_ Week # 8 \_\_\_\_\_ Week # 9 \_\_\_\_\_ Week # 10 \_\_\_\_\_

**Please Put a Check Next to the Program for Which You Are Registering:**

Full Day \_\_\_\_\_ Half Day \_\_\_\_\_

### **PLEASE READ ALL OF THE FOLLOWING VERY CAREFULLY:**

- **A \$75 non-refundable/non-transferable deposit (PER CHILD, PER WEEK) must be remitted along with this sign-up sheet to reserve your child's spot in the camp** (Example: 1 child for 2 weeks = \$150 non-refundable deposit). The deposit will go towards your summer camp fee. **The entire remaining balance is due the first day your child is in camp.**

- Checks should be made out to "FLGA." Please include your child's name on each check.

- By signing below, the parent understands that if his or her child attends one day of camp, that he or she is financially responsible for the entire week. We do not do any per day registrations.

- I fully understand that FLGA staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the FLGA staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the FLGA staff to call our doctor and to seek medical help, including transportation by a FLGA staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the FLGA staff deem this to be necessary.

We, the staff of FLGA recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sports of gymnastics, tumbling and cheerleading. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, Tumbling and Cheerleading can be dangerous and lead to injury! Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

FLGA, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, or cheerleading instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by FLGA. I, my executors or other representatives, waive and release all rights and claims for damages that my child or I may have against FLGA and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. FLGA will only warn the child through "safety messages" and our teaching style and progressions.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only	
Total Due: _____	Deposit Received: _____
Pmt Method: _____	Date: _____
Confirmation Call: _____	